## NMRHCA Pre-55 Retirement Age Medical Plan Monthly Premium Contributions for January 1, 2024 – December 31, 2024 (Applicable for members who retired before age 55 and retirement date is July 31, 2021 or after)

NON-MEDICARE PLANS		R	etiree Rate	Spouse Rate	Child Ra	te	Rate Calculation Instructions				
Premier PPO (BCBS or Presbyterian)			\$941.98	\$1,005.69	\$329.10	6	Select a medical plan for the retiree; enter rate				
Value Plan (BCBS or Presbyterian)			\$735.82	\$ 785.54	\$256.68	8	from Retiree Rate column				
MEDICARE PLANS (Not Applicable)			etiree Rate	Spouse Rate	Child Ra	te	1				+
BCBS Medicare Supplemental Plan			N/A N/A N/A				2. If you are enrolling your spouse or domestic partner,				
BCBS Medicare Advantage I			N/A	N/A		sele	ct a medical plan	for him/her; enter	Spouse Rate		
BCBS Medicare Advantage II			N/A	N/A	N/A		1				+
Humana Medicare Advantage I			N/A	N/A N/A N/A 3. If you are enrolling children, enter rate from Chi				om Child Rate			
Humana Medicare Advantage II			N/A	N/A N/A N/A			column multiplied by number of children.				
Presbyterian Medicare Advantage II			N/A	N/A	N/A						
Presbyterian Medicare Advantage II			N/A	N/A	N/A		] =				
UnitedHealthcare Medicare Advantage I		e I	N/A	N/A	N/A		4. TOTAL #1, #2, and #3			\$	
UnitedHealthcare Medicare Advantage II			N/A	N/A	N/A						
DENTAL PLAN Monthly Premium*: January 1, 2024 - December 31, 2024											
			SINGLE		TWO	-PARTY FAMILY					
Delta Dental Basic			\$19.62	\$37.27 for bo		th	\$ 55.91 for al		I		
Delta Dental <b>Comprehensive</b>			\$40.03	\$76.06 for both		th	\$114.05 for all				
VISION PLAN Monthly Premium*: Effective July 1, 2020 – June 30, 2024											
Davis Vision			\$ 4.62	\$ 8.71 for both			\$12.83 for all				
DEPENDENT CHILD LIFE Monthly Premium*: Effective July 1, 2019 – June 30, 2027											
The Standard Insurance			,500 - <b>\$4.13</b> <i>f</i>	\$5,000 - <b>\$7.75 for all</b>			\$10,000 - <b>\$15.00</b> for all				
RETIREE/SPOUSE SUPPLEMENTAL LIFE Monthly Premium*: Effective September 1, 2023 – June 30, 2027											
The Standard	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000	\$15,0	000**	\$20,000**	\$40,000**	\$46,000**	\$60,000**
Age 35-39	\$ 0.70	\$ 0.90	\$ 1.09	\$ 1.29	\$ 1.49	\$ :	1.99	\$ 2.48	\$ 4.46	\$ 5.05	\$ 6.44
Age 40-44	\$ 0.82	\$ 1.14	\$ 1.45	\$ 1.77	\$ 2.09	\$ :	2.89	\$ 3.68	\$ 6.86	\$ 7.81	\$ 10.04
Age 45-49	\$ 1.03	\$ 1.57	\$ 2.10	\$ 2.64	\$ 3.17	\$ 4	4.51	\$ 5.84	\$ 11.18	\$ 12.78	\$ 16.52
Age 50-54	\$ 1.43	\$ 2.36	\$ 3.29	\$ 4.22	\$ 5.15	\$	7.48	\$ 9.80	\$ 19.10	\$ 21.89	\$ 28.40
Age 55-59	\$ 2.04	\$ 3.58	\$ 5.13	\$ 6.67	\$ 8.21	\$ 1	2.07	\$ 15.92	\$ 31.34	\$ 35.97	\$ 46.76
Age 60-64	\$ 2.38	\$ 4.26	\$ 6.14	\$ 8.02	\$ 9.90	_	4.60	\$ 19.30	\$ 38.10	\$ 43.74	\$ 56.90
Age 65-69	\$ 4.36	\$ 8.21	\$ 12.07	\$ 15.92	\$ 19.78		9.42	\$ 39.06	\$ 77.62	\$ 89.19	\$ 116.18
Age 70 and over	\$ 6.41	\$ 12.32	\$ 18.24	\$ 24.15	\$ 30.06	\$ 4	4.84	\$ 59.62	\$ 118.74	\$ 136.48	\$ 177.86

<sup>\*</sup> NOTE: This is optional coverage, and the entire cost is paid by you. Cost of insurance for all coverage's paid by you may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. The life plan rates include a \$.50 administration fee.

<sup>\*\*</sup>Evidence of Insurability Statement required to add or increase life insurance. The Change for Additional Life Insurance form can be found at http://www.nmrhca.org/forms.aspx/.